

Investigating Complementary and Alternative Medicine Use in a Spanish-Speaking Hispanic Community in South Carolina

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ABSTRACT

PURPOSE This study investigated the use of complementary and alternative medicine (CAM) by Spanish-speaking Hispanics in the Charleston, South Carolina, area.

METHODS We administered Spanish-language questionnaires regarding use of CAM to Spanish-speaking Hispanics seeking care at either a community-based residency practice or a rural community health center.

RESULTS Overall, 69% of the 70 respondents indicated that they used some type of CAM. The most common reason for using CAM was being taught to do so by family members (33%); other common reasons included a failure by their medical professionals to diagnose their problem (29%), a lack of conventional medical treatment for their problem (29%), and being unhappy with previous medical advice (21%). The main medical conditions being treated with CAM were infections (65%) and constipation and diarrhea (54%), but pregnancy-related issues were also cited (27%).

CONCLUSIONS These findings improve our understanding of alternative health care practices of Spanish-speaking Hispanics visiting primary care clinics in South Carolina. Addressing patients' reasons for CAM use may help health care professionals develop patient-centered treatment plans.

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INTRODUCTION

Complementary and alternative medicine (CAM) encompasses health care practices and beliefs that fall outside the conventional systems of medicine. CAM is wide ranging and includes practices such as yoga, prayer, and acupuncture, as well as herbs, foods, and supplements. Although use of CAM is now well recognized, the reasons for this use are not always clear. In addition, often patients do not disclose their use of these therapies to their health care professionals.¹ This omission is concerning because CAM may interact with prescribed medications and also because patients using CAM may have unique health care beliefs and expectations from their visit.²

Several studies have shown that the use of CAM is increasing in the United States.^{1,3} In particular, the prevalence of use rose from 33.8% in 1990 to 42.1% in 1997.³ This trend is seen more recently in 2002, when the prevalence was 74.6% if prayer was included and 49.8% if prayer was excluded.⁴ Different studies evaluating CAM use and ethnicity have produced very different results, from a prevalence of use (not including prayer) of 77% among Hispanics in a Mexican border town⁵ to one of 27% among Hispanics participating in a national survey.⁶ The most common reasons for using CAM among US adults of varied ethnicities are pain (35%) and colds (9.5%).⁴

Many areas in the United States have a fairly large Hispanic popula-

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tion. There were an estimated 38 million Hispanics in the country in 2005, and the Hispanic/Latino population is expected to grow 3.9% per year until 2050.⁷ For that reason and because of the heterogeneity of previous findings regarding CAM use among Hispanics, we decided to evaluate CAM use in our local Hispanic population, especially because different cultural beliefs may lead to different reasons for using CAM.⁸

METHODS

Participants in this study were Spanish-speaking Hispanics seeking care at 2 primary care clinics with affiliations to the Family Medicine Department of the Medical University of South Carolina. One clinic is a community-based residency practice in North Charleston, South Carolina, where the Hispanic community is largely employed in construction or factory work. The other clinic is a community health center on Johns Island, South Carolina, in a rural area where agriculture is the predominant employer. A majority of Hispanics in both areas are of Mexican ancestry, although individuals of Puerto Rican and Central American ancestry are also present.

Participants were selected from all adult patients attending the 2 clinics on random days from March to December 2006 by office staff, nurses, and other clinicians based on the primary language used during the office visit; specifically, if patients spoke Spanish during their visit, they were invited to participate. These patients were given a questionnaire that they completed and then returned anonymously in a sealed envelope to a box in the clinic. Respondents returning questionnaires in which they did not self-identify as Hispanic or Latino would have been excluded, but this was not necessary as all respondents identified themselves as being of these ethnicities.

Questions for this survey were adapted from previously developed and validated surveys on CAM use.^{1,3,5} Cognitive interviews with 5 Spanish-speaking community members were conducted to evaluate flow and understanding of the survey questions and to modify the questions accordingly.

RESULTS

A total of 70 Hispanic patients completed the questionnaire: 38 from the community-based clinic and 32 from the community health center. Their demographic characteristics are presented in Table 1.

A majority (69%) of respondents reported using CAM. Of those who indicated their sex, 67% of women and 76% of men disclosed CAM use (Table 1). There were no significant differences in CAM use by clinic site, sex, age, education, income, or payment method in unadjusted relationships.

Herbal medicines or teas (67%), vitamins or supplements (38%), and foods (29%) were the most commonly used types of CAM. Use of certain CAM items (including prayer, yoga, meditation, homeopathy, and acupuncture) was reported by only 1 person.

Although respondents used CAM for numerous health conditions, it was most frequently used for infections (reported by 65% of users) and constipation or diarrhea (54%). It was also commonly used for high blood pressure (15%) and diabetes (15%). Additionally, 27% of users stated that they used CAM for pregnancy-related matters.

The leading reason given for using CAM, reported by 33% of users, was being taught to do so by family members (Table 2). A failure by medical professionals to diagnose a problem and a lack of conventional medical treatments were other common reasons given for use, each cited by 29% of users. Fully 21% of users said that they used CAM because they were unhappy with

Table 1. Demographic Characteristics of Respondents and Use of CAM

Characteristic	No. (%) of Respondents (N = 70)	Percentage Using CAM	P Value*
Sex			
Female	48 (69)	67	.46
Male	17 (24)	76	
No response	5 (7)	–	
Age			
<50 years	53 (76)	71	.49
≥50 years	11 (16)	73	
No response	6 (9)	–	
Education			
Below high school	43 (61)	67	.76
High school or above	19 (27)	74	
No response	8 (11)	–	
Annual family income			
<\$40,000	41 (59)	71	.48
≥\$40,000	7 (10)	85	
No response	22 (31)	–	
Payment method			
Insurance/Medicaid	32 (46)	75	.23
Self-pay	34 (49)	65	
No response	4 (6)	–	

CAM = complementary and alternative medicine.

Note: Percentages may not total to 100% because of rounding.

* Differences between percentages were tested with the χ^2 test.

Table 2. Reasons for CAM Use

Reason	No. (%) of CAM Users (n = 48)
Prefer to deal with the problem myself	3 (6)
Failure of regular treatment to cure my problem	3 (6)
To avoid side effects of regular medical treatment	5 (10)
Unhappy with advice of physicians	10 (21)
Failure of physicians to correctly diagnose my problem	14 (29)
There is no medical treatment for my problem	14 (29)
I have serious illness with poor chance of recovery	3 (6)
This is the way I was taught to treat my problem by my family	16 (33)
A friend or coworker recommended this treatment to me	4 (8)
I heard about this treatment in the news	5 (10)
It costs less than traditional medications	5 (10)
Other	2 (4)

CAM = complementary and alternative medicine.

Note: Users could indicate more than 1 reason.

previous medical advice. Only 10% of users reported using CAM because of its lower cost relative to conventional medication.

DISCUSSION

A sizable majority of Hispanics in this study—fully 69%—reported using some type of CAM. Herbal medicines and teas were the most common type used, similar to the findings of previous studies.^{4,6} The main reasons for use in our population were infections (ie, colds) followed by digestive ailments (ie, constipation and diarrhea). In addition, a substantial percentage of respondents seemed to be using CAM for pregnancy-related matters, although many types of CAM have not been assessed for safety in pregnancy; this finding highlights the importance of ascertaining use of these therapies in pregnant Hispanic patients.

The leading condition for which CAM was used in this study, infections, contrasts with that of another study, wherein pain was the most common reason for use.⁴ The variability across studies in the percentage of Hispanics using CAM and the conditions it is used for suggests heterogeneity of use by region and ethnic background. Health care professionals throughout the United States should therefore not treat all Hispanic populations as homogeneous and should instead determine the cultural beliefs and health care practices of Hispanics within their community, possibly with questionnaires similar to the one used in this study.

Many respondents who turned to CAM did so because of what could be interpreted as a failure of the conventional medical care system to meet their needs. They were unhappy with their physicians' advice, believed that their physicians had not diagnosed their problem correctly, or thought that no conventional medical treatment existed. These negative attitudes are those of Hispanics seeking care at primary care clinics and thus having at least some experience with the health care system; therefore, some of these attitudes may be due to poor patient-clinician communication. Of note, cost was not commonly cited as a reason to use CAM, and a majority of respondents reported that the use of CAM was passed down within their family. Health care professionals thus need to be aware that CAM use may not be commonly driven by lack of access to care or finances, but instead by cultural beliefs. These needs must be addressed in order to develop culturally appropriate and effective treatment plans.

This study should be considered in light of several limitations. We do not know the number of questionnaires distributed, so we cannot calculate the response rate or assess the likelihood of response bias. Hispanic patients who did not speak Spanish were not included in the sample, limiting the generalizability of these findings to all Hispanic patients. The sample was drawn from patients willing to complete a questionnaire on CAM use when visiting primary care clinics, and not from the population at large. One can presume that respondents may have been more likely to participate if they had an interest in CAM or either were sick or had an interest in their health beyond that of the general Hispanic population. This potential bias may thus have increased the likelihood of attracting respondents who use CAM. On the other hand, the respondents' use of conventional medicine may have decreased their likelihood of using CAM. As a result, our findings are not necessarily applicable to the general Spanish-speaking Hispanic population; however, they do reflect the population of interest for this study, as we wanted to evaluate CAM use within the context of conventional medical visits. Finally, no statistically significant differences were apparent when comparing CAM use by demographic variables. None of the differences between groups exceeded 10%, and thus a total sample size of more than 500 respondents would have been required to determine whether these differences were statistically significant at an α of .05 and power of .80. We were not able to achieve this sample size because of the study's time frame but believe that differences of about 10% may be statistically significant but not clinically meaningful.

The information from this study improves our understanding of alternative health care practices

of Spanish-speaking Hispanics visiting primary care clinics in South Carolina. A large percentage of this population is using some form of CAM, often because of cultural beliefs or a perceived inability of the conventional medical system to meet their needs. It is therefore incumbent on health care professionals to ask Hispanic patients about CAM use and to integrate patients' beliefs and practices regarding CAM into their treatment plans.

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Key words: Complementary therapies; self medication; Hispanic Americans; beliefs; customs; primary care; acceptability of health care

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